



DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps



EMERGENCY CONTRACEPTION INFORMED CONSENT FORM

I, _____ A# _____, understand that:

- Emergency contraception (EC) can help prevent pregnancy if taken within 5 days/120 hours of unprotected sexual intercourse.
- I acknowledge that my pregnancy test completed today indicates that I am not pregnant.
- EC can work by stopping the release of an egg from the ovary (ovulation). EC will not work after an egg is fertilized. EC will not harm an established pregnancy or cause an abortion.
- EC is only effective at preventing pregnancy 50-90% of the time, and is more likely to be effective if taken as soon as possible after unprotected sex. EC is less effective in overweight and obese women.
- EC is for emergency use only. It should not take the place of regular birth control methods, such as the "pill", condoms, the birth control patch or shot, or other forms of birth control.
- If I have sexual intercourse before my next period, this dose of EC will not prevent pregnancy resulting from future intercourse.
- EC may cause nausea, vomiting, headache, stomach pain, dizziness, breast tenderness, and early or late menstrual period.
- I am not taking any medication that could cause an interaction with EC. I have informed medical staff of all medications and herbal supplements that I take regularly, as many medications (including common medications used to treat HIV/AIDS, seizures, fungal infections, and gastro esophageal reflux disease) can affect or be affected by EC.
- EC will not protect me from or treat sexually transmitted diseases, including HIV/AIDS.
- No guarantee or assurance has been made to me as to the results of using EC.
- I acknowledge that **levonorgestrel / ulipristal** (circle one) is being offered to me to prevent a possible pregnancy based on information I have provided. I request that ICE Health Services Corps medical staff provide me with this medication to attempt to prevent a possible pregnancy.
- If I do not have a menstrual period within 4 weeks, I will seek medical care to evaluate why I did not have my menstrual period. A missed menstrual period could mean I am pregnant.
- I understand all of the above information.

___ Yes. I desire emergency contraception to prevent a possible pregnancy.

___ No. I decline emergency contraception at this time.

Patient's Signature: _____ Date: _____

Staff (Print/Sign): _____ Date: _____

Witness (Print/Sign): _____ Date: _____